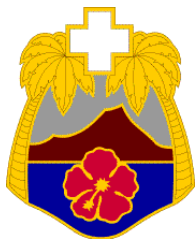


DEPARTMENT OF PEDIATRICS THIRD-YEAR CLERKSHIP STUDENT HANDBOOK



ACADEMIC YEAR 2012-2013



This handbook is your “road map”
for the next six weeks.

**It is your responsibility to read and understand all
components of this handbook.**

It contains, among other things, the clerkship’s goals
and objectives, learning activities and requirements,
evaluation tools, a list of key teaching faculty, and many
other useful details relevant to your education.
We look forward to sharing the exciting, rewarding, and
challenging field of Pediatrics.



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Introduction

The faculty of the Department of Pediatrics at the Uniformed Services University of the Health Sciences welcomes you to the exciting and rewarding field of Pediatrics. We hope and anticipate it will be one of the most valuable and enjoyable experiences you have during your medical training.

The six-week pediatric clerkship addresses issues unique to childhood and adolescence by focusing on the health and well-being of the developing human, emphasizing growth and development, principles of health supervision, and recognition and treatment of common health problems. Additionally, the clerkship emphasizes the importance of the interaction of family, community, and society on the complete health of the patient. The role of the pediatrician in prevention of disease and injury, and the importance of collaboration between the pediatrician, other health professions, and the family is emphasized. As one of the core clerkships during the third year of medical school, Pediatrics teaches the knowledge, skills, and attitudes paramount to the development of a competent and compassionate physician.

The pediatric clerkship experience introduces the student to a unique, complex, and challenging field of medicine. It emphasizes those aspects of General Pediatrics important for all medical students, and provides a foundation for those students who elect to further study the health care of infants, children, and adolescents. Students have the opportunity to participate in the clinical activities of both general and subspecialty pediatric services, but the emphasis is placed on basic concepts and common illnesses. Subspecialists have the opportunity to emphasize aspects of their particular area of focus that are important for the education of the general medical officer.

This handbook is your “road map” for the next six weeks. **It is your responsibility to read and understand all components of this handbook.** It contains, among other things, the clerkship’s goals and objectives, learning activities and requirements, evaluation tools, a list of key teaching faculty, and many other useful details relevant to your education. We look forward to sharing the exciting, rewarding, and challenging field of Pediatrics.

Sincerely,



Erin K. Balog, M.D.
LCDR, MC, USN
Assistant Professor of Pediatrics



USUHS Pediatric Education Section Faculty Contact Information

Room C1069
4301 Jones Bridge Road
Bethesda, MD 20814-4799
Fax: (301) 295-6441
DSN prefix 295-xxxx

Clerkship Website

<http://www.usuhs.mil/pediatrics/education/thirdyearclerkship.htm>

Mrs. Carol Beadling, Education Specialist
301-295-9730
carol.beadling.ctr@usuhs.edu

Ildy Katona, MD
CAPT, MC, USN (Ret.)
Professor of Pediatrics
Department of Pediatrics and Medicine
Chair, Department of Pediatrics
301-295-3365
ildy.katona@usuhs.edu

Gary Crouch, MD
COL, MC, USAF (Ret.)
Associate Professor of Pediatrics
Vice Chair, Department of Pediatrics
301-295-3391
gary.crouch@usuhs.edu

Erin Balog, MD
CDR (sel), MC, USN
Assistant Professor of Pediatrics
Director, Pediatric Clerkship
301-319-8213
erin.balog@usuhs.edu

Kit Kielsing, MD
LtCol (sel), MC, USAF
Special Assistant to the Chair for Curricular Reform
Assistant Professor of Pediatrics
christopher.kielsing@usuhs.edu

Peter Zawadsky, MD
COL, MC, USA (Ret.)
Assistant Professor of Pediatrics
NCA Site Director
301-295-3136
peter.zawadsky@usuhs.edu

Virginia Randall, MD
COL, MC, USA (Ret.)
4th-year Clerkship Director, NCA Site Director
Associate Professor of Pediatrics
301-295-9733
virginia.randall@usuhs.edu

Anne Warwick, MD MPH
COL, MC, USA
NCA Site Director
301-295-3136
Anne.warwick@usuhs.edu

Matthew Eberly, MD
Maj, USAF, MC
Assistant Professor of Pediatrics
NCA Site Director
301-295-9655
Matthew.eberly@usuhs.edu

Pediatric Clerkship Goals

The primary goal of the clerkship is to equip third-year medical students with the knowledge and skills of pediatric medicine to be competent military medical officers. A complementary goal is to promote the independent learning skills necessary for life-long learning. We synchronize our clerkship goals with those of the School of Medicine (SOM) as well as the Council on Medical Student Education in Pediatrics (COMSEP), and consistently monitor accomplishment across all of our clerkship sites. Please refer to the COMSEP Curriculum, 2005 available at the Clerkship website.

Ten specific goals for the student to attain during the six-week clerkship are:

1. Acquire a basic knowledge of growth and development (physical, physiological, and psychosocial) and of its clinical application from birth through adolescence.
2. Develop communication skills that will facilitate the clinical interaction and collaboration with children, adolescents and their families.
3. Develop competence and comfort in the physical examination of infants, children, and adolescents.
4. Acquire the knowledge necessary for the diagnosis and initial management of common acute and chronic pediatric illnesses.
5. Develop clinical problem-solving skills necessary for life-long medical practice and medical education.
6. Promote an understanding of the influence of family, community, and society on the child in health and disease.
7. Develop an approach to health supervision of children and adolescents, to include disease and injury prevention.
8. Develop the professional behaviors and attitudes appropriate for clinical practice.
9. Acquire an understanding of the approach of pediatricians to the unique health care of children and adolescents.
10. Support the SOM goal of understanding the mission of the military healthcare team and the physician's role as a uniformed officer.

Using “PRIME” Framework for Evaluation

Development of a standard vocabulary for assessing and describing the progress of learners is paramount. Using an integrated approach allows the mentor to assess the synthesis of knowledge, skills, and attitudes acquired by the learner.

In an effort to comprehensively and explicitly provide a meaningful formative and summative evaluation, the “PRIME” (Professionalism, Reporter, Interpreter, Manager, Educator) format is currently utilized. The RIME method assesses the learner at various stages of acquisition and performance, providing feedback in a clear, concise format that can be incorporated into future practice. The “P” emphasizes the importance of integrating professionalism in all activities of a medical student, resident, and physician.

PROFESSIONALISM (integrated throughout the RIME stages):

- Demonstrates respect, compassion, integrity, and altruism in relationships with patients, their families, and colleagues
 - Adheres to principles of confidentiality, scientific integrity, and informed consent
 - Demonstrates sensitivity to gender, culture, behaviors, and disabilities of patients
 - Recognizes and identifies deficiencies in one’s own performance
-

REPORTER: (THE “WHAT”)

- Demonstrates mature, polished interpersonal skills with the patient, family, and colleagues
- Obtains timely and accurate patient information, data, and clinical findings
- Develops the patient problem list
- Communicates information obtained in a comprehensive and coherent manner

INTERPRETER: (THE “WHY”)

- Analyzes patient data and problems
- Prioritizes patient data and problems
- Develops the differential diagnosis

MANAGER: (THE “HOW”)

- Interacts positively and educates the patient and family on findings
- Develops diagnostic and therapeutic plans
- Incorporates the patient and family into these plans
- Becomes technically proficient in procedures

EDUCATOR: (THE “WHO”)

- Incorporates feedback into practice
- Seeks the scholarly pursuit of medicine employing scientific methods
- Maximizes self-directed learning, constantly augmenting knowledge with current medical evidence

The information above has been adapted from Pangaro, L. A New Vocabulary and Other Innovations for Improving Descriptive In-training Evaluations. Acad Med. 1999; 74(11): 1203-1207.

Pediatric Clerkship Teaching Sites

- **Madigan Army Medical Center**
Fort Lewis, Tacoma, Washington
- **National Capital Area**
Malcolm Grow Medical Center, Andrews Air Force Base, Maryland
Walter Reed National Military Medical Center, Bethesda, Maryland
- **Naval Medical Center, Portsmouth**
Portsmouth, Virginia
- **Naval Medical Center, San Diego**
San Diego, California
- **San Antonio Military Pediatric Center**
San Antonio, Texas
- **Tripler Army Medical Center**
Honolulu, Hawaii
- **Womack Army Medical Center**
Fort Bragg, North Carolina

Please see the following website for the most up-to-date contacts at each site:

http://www.usuhs.mil/pediatrics/education/resources/USU%20Ed%20Contacts%20Nov%2030_2011.pdf

Clerkship Learning Resources

Issued Textbooks

Kliegman RM, Marcidante KJ, Jenson, HB, Behrman RE (ed). *Nelson: Essentials of Pediatrics, 6th Edition*. Elsevier, Inc., 2010. (MS-2 issue)

Gunn VL and Nechyba C (ed). *The Harriett Lane Handbook, 19th edition*. Elsevier, Inc., 2011.

Bright Futures Guidelines Third Edition, Pocket Guide, American Academy of Pediatrics, 2008.

Text Available as “Loaner” for the each student at each site:

Berkowitz’s Pediatrics: A Primary Care Approach. 4th Ed. AAP, 2011.

Students are encouraged and expected to read extensively and research thoroughly the problems and issues surrounding your patients on the rotation. As a result, you will more fully understand your patients’ concerns and problems, and thus become a more effective health care provider. Additionally, in order to prepare for the NBME examination, you should pursue an active, broad reading regimen addressing common problems in Pediatrics; your clinical experiences alone will not suffice to pass the test.

NBME Shelf Preparation:

After reviewing feedback from students from AY 10-11, the most commonly cited shelf review books were *Pre Test* and *Case Files*. Other resources included First Aid for Pediatrics, NMS Pediatrics, Blueprints, and USMLE World or Kaplan QBank. Most successful students started and finished at least two board review activities, usually PreTest and Qbank for Pediatrics. In addition, all of the 32 CLIPP cases are available to use as a resource.

Recommended Electronic Texts available through LRC:

Current Diagnosis and Treatment: Pediatrics 20th Ed. (2011)

Pediatrics in Review (Monthly Board Review Articles, almost any topic available in archives)

Red Book OnLine: The Report from the Committee on Infectious Diseases
(The Pediatric Infectious Disease resource)

Clerkship Learning Activities and Responsibilities

Patient Care Experiences

The six-week rotation will be divided into three weeks of outpatient pediatrics (with some exposure to subspecialty care), two weeks of inpatient ward, and one week of newborn medicine. You are expected to actively participate in all rounds, procedures, and activities relating to the care of patients within your assigned area of responsibility. While patients are the focus of your clinical education, you must read and become knowledgeable about many disease processes you will not see during the pediatric rotation.

A. Call Requirements

The purpose of overnight call is to participate as an integral member of the inpatient team, accepting new admissions, and providing comprehensive and compassionate care for all patients. As general guidance, medical students should work hours similar to residents, and will have access to resident or staff supervision at all times. Only one clerkship student should be on call per night on a given service in order to maximize learning opportunities. Also as general guidance, call should be supervised by residents and/or attending physicians, and not with non-physician health care providers.

Overnight and Weekend Call Requirements for the Clerkship:

1. Inpatient ward – two call nights total; and work rounds on one of the two ward weekend days each weekend (except after the NBME)
2. Newborn nursery - one call night total, weekday only; work rounds on one weekend day
3. Clinics - No call requirements

The timing, design, and execution of the overnight call period will be left to the discretion of each site director depending on the structure of resident call at that program. With only three required calls taken over six weeks, you should maximize learning opportunities while on call, such as attending deliveries on the Nursery service, evaluating patients in the Emergency Department, and listening to the residents doing telephone triage and consults. Also, you should be taking full advantage of three call-free weeks to study intensively for the NBME examination.

B. Clinical Passport

In order to ensure that all students in the Pediatric clerkship are able to meet our stated objectives, we have created the “Clinical Passport” as an accountability document for students and faculty. The Clinical Passport contains the two checklists (**Core Problem Checklist** and **Clerkship Activities Checklist**) for students to complete throughout the course of the clerkship, as well as a place to document that feedback on the inpatient services (Ward and Nursery) has occurred. The completed Clinical Passport **must** be submitted prior to sitting for the pediatric NBME. Failure to do so will be considered as one measure of professionalism, and the student’s final clerkship grade may be adversely affected.

Clerkship Learning Activities and Responsibilities (cont.)

B1. Core Problem Checklist

We have established that, at a minimum, each student will encounter 11 core problems or conditions. These are detailed in the Core Problem/Condition Checklist (**Appendix A**). Progress towards completion of the checklist will be evaluated by the Site Director at the Mid-Rotation Feedback session and again if needed during Week 5 of the clerkship. If you are unable to clinically encounter all required patients by week 5 in either the inpatient (W = ward, N = nursery) or outpatient (O) setting, then you **must** view the equivalent case from CLIPP (see section E). You need to ensure that encounters are appropriately verified and initialed on the checklist by your preceptor or attending.

B2. Clerkship Activities Checklist

- The Activities Checklist (**Appendix B**) is designed to make it easy for each student to keep track of the administrative responsibilities of the clerkship. There are three main sections:
 - **Observed Encounters** – students will be directly observed at least three times by a senior resident or attending, who will use a checklist to ensure consistent performance, and then provide verbal feedback. The checklist/feedback forms are available on the clerkship website and Sakai and the completed copies will be kept in the student's file.
 - **Health Supervision Module** – students will work through six clinical cases alone or in a group which they will review in two sessions with the Site Director or his/her designee. Level of preparation for and participation in the discussions will be assessed and documented. Questions based on the cases make up part of the clerkship quiz.
 - **Other Tasks** – Introduction to Health Supervision Video, two written H&Ps (p. 17-18), oral presentation (p.22), clerkship quiz (p. 23)
- The MS-3 Student Activities Checklist can be found in the student folder, and additional copies can be printed from the Pediatric Education Section website (<http://www.usuhs.mil/pediatrics/education/forms.htm>).

Clerkship Learning Activities and Responsibilities (cont.)

C. Introduction to Pediatric Inpatient Medicine

During the inpatient portion of the clerkship (Ward and Newborn medicine), you will be expected to perform history and physical exams on assigned patients and record the results in the patient record. All histories and physicals are to be of a quality suitable for inclusion in the patients' permanent medical record and should be completed no later than 24 hours after admission. Students on inpatient rotations are expected to work-up, document, follow and present several patients during their time on service. You may be expected to present patient information during work rounds, attending rounds, subspecialty rounds, morning reports, and checkout rounds. Attendance at all rounds, including check-out rounds, is mandatory for students during the inpatient period of the clerkship. Effective communication is emphasized on all of these rounds in order for you to practice and perfect the art of presenting pediatric patients. You must acquire details surrounding your patients' histories, physicals, labs, assessments/differentials, and plans and then follow them as if you are solely responsible for their care. You are expected to display appropriate professionalism at all times, to progress towards mastery of reporting skills, and to take on the role of interpreter and progress toward the roles of manager and educator during the clerkship. Portions of the **Clerkship Activities Checklist (Appendix B)** are to be completed during the inpatient rotations. Specifically, you are required to be observed completing an H&P of a patient with Acute Illness on the ward and a physical examination of a newborn infant on the Nursery. During these encounters, the faculty (or senior resident) observer will complete a checklist which he/she will review with you and provide feedback afterwards. (**Appendices E & F**) It is the responsibility of the medical student to seek out opportunities to complete these checklists. Additionally, you will submit two comprehensive written H&Ps on patients you admit on the ward, both of which will be graded. (p. 17-18 and **Appendix C**)

Tips for success on the ward and nursery:

- *Be on time.*
- *Be enthusiastic and receptive to teaching.*
- *Be available to assist at all times.*
- *Seek out the expectations of you on Day One from the attending, residents and intern – each may be slightly different.*
- *Listen to how interns and residents give oral presentations.*
- *Solicit feedback in order to refine your H&Ps and presentations.*
- *Incorporate feedback into daily practice.*
- *Practice presentations with a peer and/or your intern before work rounds.*
- *Read about all the patients/illnesses on service, not just your patients.*
- *Examine all of the patients, especially those with interesting findings such as a murmur.*
- *Don't be afraid to say "I don't know but I'll find the answer as soon as possible, and get back to you."*
- *Do not "copy forward" daily notes.*

Clerkship Learning Activities and Responsibilities (cont.)

C1. Expectations for the Pediatric Inpatient Rotations

1. You will perform H&Ps on assigned patients, recording the results in the electronic patient record, or paper chart depending on site, as part of the permanent record. These H&Ps are to be placed on the chart not later than 24 hours after admission.
2. You are expected to work-up, document, follow and present several patients during your time on service. You will present on various types of rounds to include work rounds and attending rounds.
3. Attendance at all rounds is mandatory.
4. You are expected to clarify team expectations on the first day of your ward and nursery rotations, and elicit feedback from staff and housestaff throughout the week.
5. You are expected to provide an evaluation form to each team member, including your attending, senior resident, junior resident, and intern. These evaluation forms should be provided early enough to allow the evaluator time to review the evaluation form with you prior to submission.
6. You are expected to assure appropriate completion of Observed Encounter forms and documentation in the Clinical Passport.
 - a. Ward – H&P of a patient with acute illness.
 - b. Nursery – Physical examination of a newborn.

C2. The Pediatric Ward

The two weeks spent on the ward are often the “make-or-break” time for students during the Pediatrics clerkship. Success on the ward depends on demonstrating not just sound clinical skills, but also organization, communication, and team participation.

The team: A ward team consists usually of an attending physician, a senior/chief resident (PGY-3), a resident (PGY-2), and at least one intern (PGY-1), sometimes two. Each ward team has a different balance of experience and personalities, and the expectations and responsibilities expected of the students on the team will vary somewhat. There are also several different settings on the ward, and each student needs to adapt to different areas of focus. **Pre-rounds:** the time before morning report and work/attending rounds. You need to collect data on your patient(s) that the team will use to make management decisions. A good rule of thumb is to allow 20-30 minutes per patient to gather complete data.

1. Talk to the on-call resident and nurse to review overnight occurrences/changes
2. Review orders for new or changed entries
 - a. Use of prn medications, especially sedation or pain meds
 - b. New orders
3. Collect vital signs – and include the ranges for past 24 hours, and pay particular attention to the following:
 - a. T_{max} , current T for infectious cases
 - b. SpO₂ and RR for respiratory cases
 - c. HR for children with pain
 - d. BP for sicker patients

Clerkship Learning Activities and Responsibilities (cont.)

C2. The Pediatric Ward (cont.)

4. Collect Ins and Outs (I/Os)
 - a. In – oral fluids and food, NG or G-tube feeds, IV fluids (record total volume as well as mL/kg/day)
 - b. Out – urine, stool, emesis, chest tube/drain output (total volume, mL/kg/hour for urine)
5. Results of pending studies and consults
 - a. Look up daily labs
 - b. Overnight X-rays/MRIs
 - c. Consultant notes
6. Talk to the family
 - a. Has patient overall improved/worsened?
 - b. New symptoms?
 - c. New concerns?
7. Talk to the patient
8. Examine the patient
9. Organize your data for smooth reporting
10. Discuss patient with intern or resident to determine if changes need to be made before work rounds

Work Rounds/Family-Centered Rounds: the entire team discusses all of the patients on the team with the senior resident and/or attending after morning report.

1. Sit-down vs. Walk rounds
2. Presentations – new patients vs. established
3. Scut list or To-Do list
4. Understand plan (Problem-based approach vs. Organ-system approach)

Checkout Rounds: The goal is to efficiently give the call team a brief overview of the patients, as well an understanding of the pertinent issues they need to be aware of overnight.

Inpatient call: The goal of night call is for you to assist in the primary admission and workup of a patient to the ward, usually from the ER, and present the patient to the attending the next day. You will assist the team with any work that needs to be done. Be proactive and ask to be included as much as possible.

The H&Ps: (p. 17-18) “The case write-up is an important task. Not only does it aid in the development of skillful written communication, but it also allows you an opportunity to formally organize your thoughts and convey them in a clear and purposeful manner. This will, in turn, improve your oral clinical presentation skills. Moreover, the write-up is an opportunity to make and see connections between the clinical presentation of symptoms and signs and the underlying pathophysiology of the disease process. The preparation for the write-up allows you to delve deeper into the literature and understand more about specific diseases and diagnoses.”**

*** Some content cited or adapted from Pediatrics Clerkship: 101 Biggest Mistakes and How to Avoid Them, AA Bremer, M.D., MD2B Publishing, Houston, TX, 200, p.48, 101.*

Clerkship Learning Activities and Responsibilities (cont.)

C2. The Pediatric Ward (cont.)

Work hours: The cumulative hours worked on an inpatient service are always more than on an outpatient service. In general, you will work a similar number of hours as the residents. The 80-hour-work week rule does not formally apply to medical students since you do not have direct and unsupervised decision-making authority for your patients' care. Additionally, resident work hours are averaged over a four-week period, and you are only on the inpatient service for two weeks. The clerkship is only six weeks long and therefore you should maximize every learning opportunity. If something of learning benefit is occurring post-call, you are encouraged to stay and participate. Students should not be made to stay post-call for the purpose of performing scut work. For your reference, the Dean's Office issued a policy memorandum (SOM-DPM-003-07) in July 2007 regarding student work hours.

C3. The Newborn Nursery

The rotation in the newborn nursery is one week long. As an inpatient rotation, the hours will be longer than in the outpatient setting. On Day 1, the housestaff or attending will explain how to collect data on the patients, and how to present them for rounds. As an inpatient rotation, the service operates on weekends and holidays, and you are expected to participate fully. Report to check-out by 0700 even if the first rotation day is a federal holiday.

While on the Nursery, you should expect to attend and participate in several deliveries, as well as have an opportunity to see and possibly participate in elective circumcisions. On Sakai, we have included two articles which you are strongly encouraged to read prior to starting your rotation in the nursery.

You will take one call during the week while on service, and cover one weekend day (usually AM only). Again, as general guidance, you should work hours similar to residents. Post-call students will generally be excused at 1200.

After you have developed some comfort with the newborn physical exam, you will be required to perform ONE physical exam that is observed by your attending. The attending will complete the "Newborn Physical Exam Checklist" and give you feedback on your skills. **(Appendix F)** Although this is not a formally graded evaluation, the checklist will be turned-in to your Site Director.

There is a lot to learn about newborn babies. There are several goals to accomplish during this week:

1. Learn how to perform a complete physical examination of a newborn.
2. Learn how to set up an infant warmer in the delivery room, perform basic resuscitation of a newborn, and assign Apgar scores.
3. Be able to collect and review antenatal maternal history.
4. Document data in the medical record.

Clerkship Learning Activities and Responsibilities (cont.)

C3. The Newborn Nursery (cont.)

5. Deliver parent education and anticipatory guidance for common newborn issues, including:
 - Breast-feeding versus formula feeding
 - Normal bowel and urinary elimination patterns
 - Normal neonatal sleep patterns
 - Newborn screening tests, including metabolic screen and hearing screen
 - Appropriate car seat use
 - Prevention of SIDS
 - Immunizations (HBV)
 - Medications (eye prophylaxis, vitamin K)
 - Role of circumcision

6. Build core knowledge of newborn issues, including an approach to management of the following problems:
 - Hypoglycemia
 - Jaundice/Hyperbilirubinemia
 - Respiratory distress
 - Neonatal sepsis
 - Small or Large for Gestational Age (SGA/LGA)
 - Feeding problems
 - Tremulousness
 - Irritability
 - Lethargy

Clerkship Learning Activities and Responsibilities (cont.)

C4. Comprehensive History and Physical Write-Ups

You will complete **two** comprehensive written history and physicals on pediatric **inpatients** during the clerkship. Your Site Director will evaluate your papers using the H&P grading form (**Appendix C**) and provide you with feedback. These two papers will comprise 7.5% of the total clerkship grade (H&P #1 is worth 2.5% and H&P#2 worth 5%). It is expected that you will use the feedback from H&P#1 to improve your performance on H&P#2 which is worth more of your final grade.

The objectives of these write-ups are to document a competent, complete pediatric database, to include all historical information, physical examination including growth parameters, and relevant laboratory data at the time of admission, a problem list, a differential diagnosis, a concise hospital course, a discussion, and a reference list. The discussion should reflect reading beyond the textbook level (i.e., several current relevant journal articles that address the clinical question on which the discussion is based). It is critical that the discussion links the information found in the literature (not primarily either eMedicine or UpToDate) to the patient being discussed, and answers important questions about the process of making the diagnosis, management, or prognosis for that specific patient. Guidelines to assist you in preparing the write-up and assist the Site Director in evaluating it are included in this handbook (**p.17 and Appendix C**) and on the web at

<http://www.usuhs.mil/pediatrics/education/forms.htm>.

Both write-ups are due to your Site Director by the following Monday on each week that you are on the ward. Write-ups turned in late will be considered a sign of poor professionalism and may result in grade reduction. Each write-up must be your original work, with violations of academic integrity automatically resulting in grade reduction, with the possibility of failure. Cutting and pasting from an electronic resource such as UpToDate or eMedicine, copying or paraphrasing a text reference, and/or failing to appropriately use quotation marks, citations or footnotes are unacceptable and may result in failure. The clerkship Site Director will assign the final write-up grades.

You are encouraged to actively seek feedback on both write-ups so that your learning process is complete.

**USUHS Third-Year Pediatric Clerkship
Comprehensive History and Physical
Instructions for Asking and Answering a Clinical Question**

The purpose of the discussion section in the comprehensive H&P is to have you ask and answer a clinical question regarding your patient. A clinical question usually probes for details about therapy, harm, diagnosis, or prognosis. Check with your preceptor to ensure the patient you are writing up presents an appropriate level of medical complexity.

Some general examples of a clinical question are:

- Why was the patient's management plan chosen? (Therapy)
- What other options were available? (Therapy)
- What else was in the differential diagnosis, and why was the diagnosis chosen? (Diagnosis)
- What may be the complications of this condition? (Prognosis)

Some specific examples are:

- What is the latest information about the role of steroids in treating Kawasaki's Disease? (Therapy)
- What is the evidence for cosmetic tooth damage from too much fluoride? (Harm)
- What is the best method for diagnosis of intussusception? (Diagnosis)
- What is the long term outcome of tricuspid atresia? (Prognosis)

In order to practice solid evidence-based medicine, you must be able to search for and select the best resources available that would guide the evaluation and management of a patient similar to yours. Many tips to this process can be found in the *Users' Guides to the Medical Literature: Essentials of Evidence-based Clinical Practice*, a small tan book that was issued to you in your 2nd year.

For this exercise, you will need to cite at least three primary references, which should be the most current and best available. You may have as many references as you wish, although 5-7 should be the most that you should require for this paper. Please note that *eMedicine* and *UpToDate* are not acceptable primary references. The USUHS LRC provides access to a wealth of information, and is a treasured benefit of being a student or faculty member at USUHS. Comprehensive pediatric textbooks and on-line evidence-based resources such as the Cochrane collection or systematic reviews, practice parameters, or reports of well-designed, large controlled clinical trials are generally the best place to look first. References should be cited in the paper where they are used. Remember, plagiarism will result in a failing grade.

The discussion section of your paper should state the clinical question and answer it, usually in 1–2 pages, single spaced. Feel free to ask your site director or ward team to help you identify a pertinent clinical question if you need assistance. Asking someone on the ward team to read your paper for completeness, style, format, and accuracy prior to submission may also be helpful.

You are encouraged to contact your site director for feedback on your second paper after it has been graded, in order to continue to improve this critical skill.

Clerkship Learning Activities and Responsibilities (cont.)

D. Introduction to Ambulatory Pediatrics (Outpatient Clinic)

The outpatient clinic component focuses on general pediatric care, with some exposure to pediatric subspecialty care. You will spend a total of three weeks doing Ambulatory Pediatrics in the various outpatient pediatric clinics. The goal is for you to experience a variety of patient encounters, including well babies and routine health maintenance visits, acute visits in patients of all ages, from young infants through adolescents, and follow-up of both acute and chronic illnesses. The majority of time will be devoted to General Pediatric patients, although depending on rotation site, you may spend some time in an Adolescent clinic or a Pediatric Subspecialty clinic.

Precepting will be provided by experienced staff physicians interested in student education and in improving your pediatric data collection techniques and fund of knowledge. Preceptors will work very closely with you to maximize opportunities to learn in each clinic session. You will be expected to collect and document data in the “SOAP” format (Subjective, Objective, Assessment, and Plan).

As a medicine specialty, Pediatrics requires both a broad and deep fund of knowledge. Patients of varying ages and developmental levels require an individualized approach to each encounter. Data collection in children is not as straightforward as in adults, and requires flexibility on the part of the provider, often both mental and physical. The COMSEP curriculum (2005) serves as a starting point for study. Prior to your first day in adolescent clinic, please read the HEEADSSS article posted on Sakai.

Portions of the **Student Activities Checklist (Appendix B)** are to be completed during the outpatient rotation. Specifically, you are required to be observed completing an H&P of a patient during a health supervision encounter, and also in delivering anticipatory guidance during the same or another health supervision encounter. As with the observed encounters in the inpatient setting, the faculty (or senior resident) observer will complete a checklist which he/she will review with you and provide feedback afterwards. Additionally, you will use the H&P data from one of the outpatient visits to perform a formal graded oral presentation (**Appendix D**). It is the responsibility of the medical student to complete this checklist. Similarly, portions of the **Core Problems Checklist (Appendix A)** are to be completed during the outpatient rotation. It is the responsibility of the medical student to seek opportunities to care for, evaluate, and present to the preceptor patients with the listed core problems.

There are no call requirements during the outpatient rotation and students are expected to take full advantage of this by reading extensively.

D1. Expectations on the Ambulatory Pediatrics Rotation

1. You will perform H&Ps on assigned patients, and document your findings in AHLTA, by free text or using the medical student acute visit template.
2. You will focus on data collection, organization and prioritization of data, and reporting in both oral and written formats.
3. You should see a minimum of three patients per half day, with a mix of acute and routine encounters.
4. You should elicit feedback from your preceptor(s) at the end of each clinic day.

Clerkship Learning Activities and Responsibilities (cont.)

D1. Expectations on the Ambulatory Pediatrics Rotation (cont.)

5. You are expected to provide an evaluation form to your preceptor(s) each day via E*Value or paper.
6. You should select one outpatient to prepare for your formal graded oral presentation to the Site Director.
7. You are expected to document patient encounters in the Clinical Weblog at the end of each day, and student entries are monitored regularly by the clerkship.
8. You are expected to ask your preceptor to initial any of the Core Problem encounters you saw each day.
9. You are expected to complete the Health Supervision observed encounters and document them in the Clinical Passport.

D2. The Health Supervision Curriculum

One of the most important aspects of primary care is the attention paid to health maintenance and prevention, which we call “health supervision.” In Pediatrics, we perform health supervision during encounters often labeled as the “well baby visit,” the “well-child check-up” or the “health maintenance visit.” One of the USUHS Third-Year Clerkship goals (#7) is for students to develop an approach to health supervision of children and adolescents, to include disease and injury prevention.

The American Academy of Pediatrics (AAP) recently revised practice guidelines regarding health supervision for children and adolescents. The new AAP guidelines, published in ***Bright Futures, 3rd Edition***, provide “*principles, strategies, and tools ... to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system, and policy levels.*” A copy of this text is available at all of the clerkship teaching sites. For your reference and ease of use, we issue the ***Bright Futures Guidelines 3rd Edition, Pocket Guide***, American Academy of Pediatrics, 2008. You will use this throughout the clerkship, in particular for completing the Health Supervision Curriculum, described below.

There are four required components in our Health Supervision Curriculum.

1. **Clinical Cases:** You will be required individually or in groups to work through six health supervision cases, which follow a military family over 15 years. The cases are posted on Sakai. You can work through the cases in Sakai, taking advantage of the direct links to the resources in Sakai. You will have two sessions with the site director or another faculty member to discuss the cases and address any questions, and your level of preparation for and participation in the discussions will be documented in the Clinical Passport.
2. **Outpatient Clinical Visits:** You are expected to see at least three encounters in which health supervision plays a key role: one well child visit for 2-12 months, one for 5-60 months, and one adolescent (ages 11-17 yrs) encounter. These will be monitored in the Clinical Passport.
3. **Health Supervision Structured Clinical Evaluation (SCE): (Appendix G)** A faculty preceptor will observe you during a health supervision encounter at least once during the outpatient rotation. Observers will document the observations on the SCE form, and provide verbal feedback after the encounter or at the end of the clinic session. These forms will be kept in your student file.

4. **Clerkship Quiz:** The end-of-clerkship multiple-choice quiz includes 50 questions, 30 of which are from the clinical cases. The instructions to complete the quiz can be found in Sakai. (Further details available on p. 23)

We have developed several tools for you to develop an approach to preventive medicine and health supervision in Pediatrics. All of these tools can be accessed through Sakai.

- **Introduction to Health Supervision:** There is an introductory video that you are required to review during the first week of the clerkship. It is available in Sakai.
- **Health Supervision Clinic Template for Students:** This structured table will facilitate data collection and organization during Health Supervision encounters. Many clinics have developed their own age-specific overprint form for wellness visits, but they were not designed for medical student needs. This template will standardize data collection across sites and help you learn how to organize and orally present this unique data set. In addition, you have access to a set of open-ended questions in Sakai that can be used in conjunction with the *Bright Futures Pocket Text*. These sample questions mirror the clinic template and will facilitate data collection during the actual encounters.

D3. Otitis Media and Ear Exam Lesson:

We have developed a module to teach pediatric clerkship students how to examine ears in pediatric patients and diagnose otitis media. For students rotating at the away sites, we require you to view the online module through Sakai during week 1 of your clerkship. Your site director will designate a time for you to view the module with your peers. In addition, you will be given the opportunity to complete two short assessments (ungraded) that will help you retain the information over time. Finally, there is a quiz in Sakai that you need to complete during Week 5 or 6. This ungraded quiz will provide you with feedback on your knowledge and skills related to assessing ears and diagnosing otitis media.

Clerkship Learning Activities and Responsibilities (cont.)

D4. Outpatient Oral Presentation

The outpatient oral presentation is intended to evaluate your ability to coherently and concisely present a patient in an oral format. You will have many opportunities in clinic to master this skill. The final graded oral presentation will be given to the Site Director, or his/her designee, the week following completion of the outpatient component of the rotation, or at least prior to completion of the clerkship. Guidelines to assist you in preparing the oral presentation and assist the Site Director in evaluating it are included in this handbook (**Appendix D**) and on the web (<http://www.usuhs.mil/pediatrics/education/forms.htm>). The presentation will comprise 5% of your final clerkship grade.

The presentation will focus using the SOAP (Subjective, Objective, Assessment, and Plan) format. You need to include pertinent positive and negative data, and demonstrate the relationship of each of the components to the other. The subject patient will be an **outpatient** who presents in the clinic for a specific concern. **Routine well baby and school physicals should not be presented.** The presentation will be less than 10 minutes in length. Notes are permitted, but eye contact and fluency will be evaluated.

This exercise is intended to have the student demonstrate competency in the skill of oral presentation, which is used daily in the practice of clinical medicine. A presentation with a complete review of pertinent positives and negative data, a comprehensive differential, and well-organized format will show the time, effort, and preparation spent on the assignment. This is not the same task as the inpatient write-up in an oral format. A reference list or discussion is not part of the presentation.

It is your responsibility to arrange a time for the presentation with the Site Director. Since this is a learning exercise, as well as a graded one, the Site Director will provide feedback on the presentation immediately. You should address questions to the Site Director prior to beginning the exercise.

Clerkship Learning Activities and Responsibilities (cont.)

E. Computer-Assisted Learning in Pediatrics Project (CLIPP) Exercise

CLIPP cases consist of 32 peer-reviewed, interactive online case-based learning scenarios that are designed to simulate a patient encounter. The cases are also designed to cover all the core content contained in the COMSEP curriculum (See student binder and at <http://www.usuhs.mil/pediatrics/education/thirdyearclerkship.htm>).

You must complete four of these cases during the clerkship: **#16, #19, #24, and #25**. You will find more details regarding this exercise and links to the assigned cases in Sakai at the USUHS Online Learning Website (<https://cas.usuhs.edu/cas/login?service=https%3A%2F%2Flearning.usuhs.edu%2Fxml-portal%2Flogin>). You must first register for access to CLIPP at the CLIPP website (<http://www.med-u.org>) using your USUHS email account. Each case takes, on average, 30-45 minutes to complete, although there is no time limit. You can also do part of a case, and return at a later time picking up where you left off. 20 out of 50 questions on the clerkship quiz will be drawn from information within each of the four mandatory cases. You may do as many of the 32 CLIPP cases as you wish; **the four assigned cases, however, are mandatory**.

F. Clerkship Quiz

The quiz consists of 50 questions (30 from the health supervision curriculum and 20 from the CLIPP cases) and is timed (90 minutes). Once started, the quiz must be completed. Please allow 90 minutes of uninterrupted time to complete the test. The test is not “open book.” You may complete the cases and exam *at any time* during the clerkship. The Site Directors may allocate a dedicated block of time for completion of this task during the clerkship as well. The performance on this quiz will be given a letter grade (A, B, C, D, or F), and comprise 7.5% of the clerkship final grade. Failure to complete the quiz by the Monday after the clerkship ends will result in a letter grade of “F” for this component.

G. Reflective Practice Exercise

The practice of medicine integrates ethics and professionalism on a daily basis. The SOM curriculum includes learning and understanding medical ethics and human values, and you are required to exhibit scrupulous ethical principles in caring for patients, and in relating to patients’ families and to others involved in patient care. Occasionally, situations occur that may raise questions regarding medical ethics and professionalism, or conversely, that serve as models of exemplary professional or ethical behavior.

The reflective practice activity provides an opportunity for you to reflect on a clinical experience that you have observed or experienced that illustrates a challenge and/or inspiration concerning the ethics and professional behavior of physicians and/or other medical students.

You should choose a situation in which you personally participated or observed firsthand. Write a brief narrative describing this experience, as well as additional comments, thoughts, and insights that this experience engendered. This written description will serve as a starting point for additional reflection with a faculty facilitator and with other students. For those students in the National Capital Area, this group discussion will take place during a CBILS session (please see handout). For those students at away sites, this discussion will take place during the rotation and facilitated by a faculty member at your respective site. Specific instructions are available online via Sakai (please see website).

Student Evaluation

| <u>FINAL GRADE COMPOSITION</u> | |
|---|-------|
| Clinical Evaluations from preceptors | 60 % |
| NBME Pediatric Subject Exam performance | 20 % |
| Clerkship Quiz | 7.5 % |
| Comprehensive History and Physicals | 7.5 % |
| Oral Case Presentation | 5 % |
| TOTAL = 100 % | |

The Department of Pediatrics is committed to ensuring that all third-year medical students achieve a prescribed level of competence in Pediatrics, in order for them to not only pass the required clerkship, but also to create a foundation for lifelong medical practice. Measurement of this level of competence will include preceptor clinical performance evaluations, NBME Pediatric subject examination performance, clerkship quiz performance, demonstration of professionalism (p.35) and a communication grade consisting of the history and physical write-up and the outpatient oral presentation as described previously.

Several sites have started using EValue, an online evaluation system. You will be expected to distribute inpatient evaluation forms and outpatient encounter cards to staff and residents with whom you have worked if your site is not using EValue. It is NOT your responsibility to collect the completed evaluations from preceptors and turn them into the Site Director. If you are using EValue, we expect you to generate an evaluation in EValue for every preceptor that you work with. It is this feedback, along with the Site Director's clinical impressions, which comprise 60% of the final grade (30% from the outpatient setting, 20% from the inpatient ward, and 10% from the newborn experience). You will receive feedback from your Site Director (or designee) regularly throughout the rotation. In addition, you are encouraged to ask for feedback on a daily basis at the end of each clinical experience. You are *required* to seek, at a minimum, a Mid-Clerkship and End-of-Clerkship feedback session with your Site Director.

Examinations (NBME & Clerkship) will comprise a total of 27.5% of the final grade. The NBME Pediatric subject examination will be given at the respective sites during the final week of the rotation. You will not be allowed to perform night call the evening before, nor will you be required to report to patient activities the morning of the examination. Your examination performance, as reflected in national percentile rankings, will be reported on the departmental final evaluation, and the assigned exam grade will account for 20% of your final pediatric clerkship grade. You must pass this final examination with a score of approximately the 10th percentile nationally in order to successfully complete the clerkship. Students who fail the National Board examination must retake and pass it to complete the clerkship. A grade of "Incomplete" will be forwarded to the USU Registrar until the exam is retaken. The retake exam will be taken at one of the regularly scheduled times for third-year pediatric students, with the Clerkship Director's approval, within that respective half of the academic year. Upon passing the retake examination, he/she will be assigned a final clerkship grade no higher than a "C+." Students not passing the NBME a second time will receive an "F" and must remediate the entire clerkship. The Clerkship quiz, based on the four CLIPP cases and the six Health Supervision cases, will account for 7.5% of the final grade.

The remaining 12.5% of the final grade is comprised of the written history and physicals (7.5%) and the outpatient oral presentation (5%), as outlined previously. These grades will be determined by your Site Directors and reviewed by the Clerkship Director and Chair of the Department.

Student Evaluation (cont.)

Students who receive a “D” or “F” on any component of the clerkship could receive a “D” or “F” for the final course grade. Students receiving a “D” as a final clerkship grade will be required to remediate some component of the clerkship, as determined by the Clerkship Director and the Department Chair. The portion of the clerkship deemed necessary to be repeated will depend on the circumstances surrounding the assignment of the grade. A final course grade of “F” for any reason will necessitate the student repeating the entire clerkship.

Professionalism is a component that is taught, monitored, and evaluated throughout the clerkship. Should students fail to demonstrate adequate professionalism (p.35), their final clerkship grade may be lowered, even so far as receiving a “D” or an “F.” USUHS Instruction 1105 states the following:

“Both cognitive and non-cognitive performances are evaluated in all clinical sciences courses. Failure to demonstrate characteristics such as dependability, punctuality, professional and academic integrity, or ability to get along with patients and other members of the health care team, may lead to a grade of D or F, even with adequate mastery of cognitive factors.”

The determination of grades rests ultimately with the individual Site Directors and the USU Department of Pediatrics. The final departmental evaluation will include a letter grade for each of the above components and a final, summative letter grade with a narrative summary of the student’s performance. As required by the USU Registrar, the final grade is expressed as a letter (A, B, C, etc.) on the school transcripts, although the Department of Pediatrics may append “+” and “-” to reflect the spectrum of performance. Students, as per the Student Handbook, may appeal their grade in writing within 14 days of grade receipt, and will be afforded due process as specified in USU Instruction 1105. The letter should be addressed to the Third-year Clerkship Director and Chair, Department of Pediatrics, and should contain specific reference to the component(s) of the final evaluation and/or narrative that they wish to appeal. Once an appeal has been received, the student’s entire performance in all aspects of the clerkship will be reviewed, and the Department Chair will respond to the appeal in writing.

Pediatric *Clinical WebLog*TM

The *Clinical Weblog*TM is the **required** method for students to document patient contacts in our Clerkship. One purpose is to give students experience with typical administrative processes encountered by physicians. This documentation is also necessary for validation of your education experience and for accreditation of the University. Failure to make entries is an indication of **suboptimal** professional performance and will be reflected in the clerkship evaluation.

PEDIATRIC *Clinical WebLog*TM Instructions

1. Enter site: <http://cweblog.usuhs.mil> -
2. Enter <**Students use the version at this link**>: Reports can be generated from this page under <Reports>.
3. Select "Pediatrics" from the <**Select Clerkship option**> dropdown menu. There are now clerkship-specific menus, with a search function in the left column.
4. **Pediatric Student Data Entry:** Enter five data items here at the beginning of each entry session: email name (e.g., s7mpelzner), year of study, rotation block, setting for encounter (inpatient, outpatient), and hospital name. This does not need to be repeated for each patient (see #9).
5. **Enter all the problems** on the problem list from your H&P (as many as there are) or from clinic chart (for instance, if eczema and allergies were problems in a 4-yr-old patient seen for a well-child physical, enter ("eczema," "allergies," and "well baby 1-5 years"). Data from inpatients should not be entered before discharge to ensure all diagnoses and procedures are appropriately recorded.
6. **Entering more than one diagnosis:** Each diagnosis has a checkbox to the left. You will make entries for each checkbox that is selected. If you check a box in error, checking it again will deselect that entry.
7. **Procedures:** Please enter only procedure that you have attempted yourself (e.g., tympanometry or IV) and/or have directly observed (e.g., CPR or echocardiogram).
8. **Submit Report:** After entering all of the diagnoses and procedures for a patient, click any of the grey <SUBMIT> buttons to save the data under your profile in cWebLog.
9. **Entering more than one patient while on the *Clinical WebLog*TM:** During any given session, you do NOT have to enter your name, site, etc. each time you enter a patient. Click on Patient Data Entry *after* you've submitted your first patient; if you click on Main Menu or Student Data at this point, you will go back too far.
10. **Generate a list to print:** Go to the Report Entry Request screen. Under General Word Search, type your name as you did with patient entry. This will print out your name, site, patient age and sex and date of entry (does not currently print out the problem list). To get a report, use the name <admin> and password <admin>.
11. **"Other" diagnoses or procedures:** **PLEASE ONLY USE "OTHER" AS A LAST RESORT!** Match your problems to the closest one on the menu provided. If nothing matches, type in the problem under "Other" but leave no spaces; use "underscores" (e.g., 'adverse_drug_reaction').
12. For problems or questions, email Bob Williams (bob@bob.usuhs.mil).

Pediatric End-of-Clerkship Evaluation

Because students' evaluation of instruction is an important measure to assess the objectives, content, methods and effectiveness of teaching, the SOM has mandated that all medical students complete an online survey regarding their clerkship-specific educational experience. This survey was developed by the clerkships in conjunction with the Associate Dean for Medical Education. This feedback is necessary for enhancing the educational experience of future students and for SOM accreditation purposes. It is also an opportunity to recognize teachers that have had a positive influence on an individual student's learning. Per SOM policy, the Pediatric Clerkship requires that each student complete the online Pediatric Clerkship Evaluation within one week of completion of the clerkship.

This evaluation must be completed in order to receive a final grade. Failure to complete the evaluation within one week of completion of the clerkship will result in an assigned grade of "Incomplete." The Pediatric Clerkship considers the failure to appropriately complete this requirement as one potential indicator of suboptimal professional conduct. The Office of the Associate Dean for Medical Education will provide the clerkship with the list of students who have completed the online Pediatric Clerkship Evaluation survey. Your responses in the survey are completely anonymous.

Professionalism in Clinical Practice

Professionalism is a core competency of a qualified military medical officer. USUHS clinical science courses all evaluate both cognitive and non-cognitive performance. According to “USUHS School of Medicine Grades, Grading Policies, and Procedures,” USU Instruction 1105 (12/05), “failure to demonstrate characteristics such as dependability, punctuality, professional and academic integrity, or ability to get along with patients and other members of the health care team, may lead to a grade of ‘D’ or ‘F’, even with adequate mastery of cognitive factors.” Also, please refer to the USU Dean’s Policy Memo, SOM-DPM-001-2011, for further clarification and guidance.

Furthermore, USU Instruction 1201 (12/05), “Medical Students Promotions Committee,” also clarifies the minimum expectations and gives specific guidance regarding academic integrity. Medical students may not:

- 1) “Use, attempt to use, or copy any unauthorized materials/aides during any examination or graded exercise.”
(e.g., Copying material directly from external sources such as “UpToDate” or “MD Consult” without properly annotating the source and putting in quotes if copied.)
- 2) “Knowingly provide false information in any academic document or academic exercise.” (e.g., Documenting false information in a medical record, including examination findings not elicited. Copy-forwarding electronic notes without appropriate daily updates.)
- 3) “Knowingly present someone else’s work as their own.”
(e.g., Turning in a graded history or physical examination completed by another individual, failing to appropriately use quotation marks or provide references for sources of information.)
- 4) “Forge or alter for advantage any academic document.”
(e.g., Forging or altering a medical record.)
- 5) “Knowingly disregard instructions for the proper performance during any examination or graded exercise.”
 - a) (e.g., Disregarding instructions on proper completion of standardized patient encounters, documentation of patient encounters, graded H&Ps, or examinations.)
 - b) (e.g., Unreliability as a team member, such as demonstration of a pattern of failing to be on time for teaching conferences, rounds, on-call duties or patient checkout.)
 - c) (e.g., Failure to appropriately respond to feedback.)
- 6) “Intentionally impede or interfere with the ability of fellow students to use academic materials or to complete academic work.”
(e.g., Intentionally not sharing information (particularly related to patient care delivery) with a fellow student to impede either care delivery or the other student’s clinical performance.)
- 7) “Make any attempt to compare answers with the examination of another medical student.”
- 8) “Knowingly assist a fellow medical student [or any health care provider] in any of the above activities.”

***** The Department of Pediatrics hopes this concise reminder of student responsibilities as an apprentice member of the profession of medicine will emphasize the high expectations we have regarding each student’s demonstrated attitude, skills, and behaviors during the clerkship. *****

Clerkship Narrative Guidelines

These guidelines are provided to assist the USUHS Pediatric Clerkship Site Directors in writing the student narrative for the final clerkship evaluation. These guidelines will help ensure standardization of content and format in the clerkship narrative, regardless of clerkship site location. Since the specific comments made in the narrative are directly referenced in both the Chair's and Dean's letters for internship application, it is imperative to convey accurate and comprehensive information received directly from the evaluators, i.e., ideally including quotes from individual preceptors. Each narrative should contain, at a minimum, the following paragraphs detailing the student's performance throughout the clinical rotation.

General Statement of Performance

- a. Overall statement of student's entire clerkship performance, including final grade and comparison to level of peers
- b. Position of the rotation in reference to the academic year
- c. Any significant illnesses, injuries, or crises affecting performance (only comment if detrimental factors present)

Professionalism Demonstrated

- a. Reliability/commitment/ethical conduct (attendance, participation, completion of required tasks, patient care as a priority)
- b. Military bearing and respect
- c. Interpersonal skills/communication skills/teamwork

Reporter Skills Demonstrated

- a. Data gathering (patient care history/physical examination, prioritization of data)
- b. Written documentation
 - i. Inpatient H&P, outpatient SOAP notes, patient orders
 - ii. Graded comprehensive H&P
- c. Oral presentations
 - i. Clear, concise, complete clinical presentations appropriate to environment
 - ii. Graded oral presentation
- d. Knowledge base (include national percentile and NBME letter grade)
 - i. Clinical acumen demonstrated on each service
 - ii. NBME grade and national percentile, and CLIPP grade

Interpreter, Manager, and Educator Skills Demonstrated

- a. Data interpretation (synthesizes appropriate and reasonable differential diagnosis, lab/study interpretation)
- b. Manager (develops appropriate and reasonable diagnostic/therapeutic plans)
- c. Self-directed learner (seeks feedback and/or educational experiences beyond rounds and conference, demonstrates use of literature to answer patient-specific questions)

Summary Statement

- a. Reiterate overall performance, particularly noting performance relative to level of training and level of peers
- b. Summarize particular areas of strength and significant areas for improvement
- c. Potential as a clinical trainee, ultimate clinician, and military medical officer

Appendix A

USUHS Third-year Pediatric Clerkship Core Problems/Type or Condition Checklist

The level of responsibility of the student is to participate in the care of each patient by completing a focused history and physical and presenting an interpretation to the preceptor. The preceptor will initial as verification that the student did precept that encounter with them.

| Core problem/type/disease state | Clinical setting ¹ | Alternate method of exposing student to problem/disease state | Verification (date and preceptor initials) | |
|--|-------------------------------|---|--|--|
| 1. Well child care/Health Supervision (2–12 mos) | O | CLIPP 2 or HS Cases | | |
| 2. Well child care/Health Supervision (15–60 mos) | O | CLIPP 3 or HS cases | | |
| 3. Disorder of growth (obesity, FTT, short stature) | O, W, N | CLIPP 4, 18, 26, or 27 | | |
| 4. Adolescent H&P (sports or school physical or acute complaint) | O | CLIPP 5 or 6 | | |
| 5. Acute otitis media / otitis media with effusion | O, W | CLIPP 14 | | |
| 6. Respiratory disorder (cough, wheeze, asthma, URI, respiratory distress in newborn) | O, W, N | CLIPP 7, 12 or 13 | | |
| 7. Fever (from any cause) | O, W, N | CLIPP 10 or 23 | | |
| 8. Acute gastroenteritis | O, W | CLIPP 15 | | |
| 9. Rash (of any type) | O, W, N | CLIPP 32 | | |
| 10. Neonatal hyperbilirubinemia | O, W, N | CLIPP 8 | | |
| 11. Chronic medical problem (CF, CP, congenital heart disease, seizures, asthma follow-up, heme-onc patient) | O, W, N | CLIPP 30 | | |

Appendix B

Pediatric Clerkship MS-3 Activities Checklist

Pediatric Clerkship MS-3 Activities Checklist

Observed Encounters– Observation Forms

Preceptors initial and date on the line after observation form completed and reviewed with the student. Forward form to Site Director to be placed in student file.

Ward

Perform H&P of Acute Illness _____

Nursery

Perform Newborn PE _____

Clinic

Perform SCE for Health Supervision _____

Health Supervision Clinical Cases

Appropriate level should be initialed in the box below the observed level.

Level 1

Level 2

Level 3

1. Preparation and Participation

| | | |
|---|---|---|
| Minimal preparation/ participation. Technique for patient/parent communication inappropriate. No evidence of synthesis. Cases 1-3 _____ Cases 4-6 _____ | Evidence of preparation with limited participation. Appropriate parent/patient communication techniques demonstrated. Cases 1-3 _____ Cases 4-6 _____ | Thorough preparation, participated throughout, demonstrated synthesis. Advanced communication techniques, negotiation skills. Cases 1-3 _____ Cases 4-6 _____ |
|---|---|---|

2. Facilitation of Case Discussion

| | | |
|--|--|---|
| Read the case and all questions directly. Minimal attempts to summarize and prioritize. Difficulty engaging participation. Cases 1-3 _____ Cases 4-6 _____ | Prepared entire case and explained the information. Did not encourage participation effectively. Prioritized topics appropriately. Cases 1-3 _____ Cases 4-6 _____ | Succinct, prioritized summary. Drew all students into discussion. Synthesized/ applied information to patient/parent communication. Cases 1-3 _____ Cases 4-6 _____ |
|--|--|---|

Other Tasks

Check by student or Site Director when completed.

| | |
|-----------------------------------|----------------------------------|
| HS Intro Video _____ | Otitis Media Module _____ |
| H&P 1 & 2 _____ | Clerkship Quiz _____ |
| CLIPP 16, 19, 24, 25 _____ | Reflective Practice _____ |
| Oral Presentation _____ | Clinical Weblog _____ |

Appendix C

USUHS Third-Year Pediatric Clerkship

Comprehensive H&P / Clinical Discussion Grading Form

| | | NOTES |
|--------------------------------|--|-------|
| ID & CC | <input type="checkbox"/> Succinct (in patient's own words if possible) <input type="checkbox"/> ID (age, gender, underlying condition) | |
| HPI | <input type="checkbox"/> Pertinent signs and symptoms in chronological order <input type="checkbox"/> Pertinent past history, therapies <input type="checkbox"/> Complete pertinent positives and negatives for diff dx | |
| PAST MED HX | <input type="checkbox"/> Hospitalizations, surgeries, serious illnesses, meds, allergies <input type="checkbox"/> Neonatal hx if relevant, diet, developmental hx as appropriate for age <input type="checkbox"/> Immunization status | |
| FAM HX | <input type="checkbox"/> Pertinent positive and negative info about diseases/diagnoses in extended family <input type="checkbox"/> Current health status of parents and siblings | |
| SOC HX | <input type="checkbox"/> Current living arrangements and caregivers <input type="checkbox"/> School performance <input type="checkbox"/> HEADDS interview if adolescent | |
| ROS | <input type="checkbox"/> Includes all relevant positive and negative information, with attention to pediatric-specific data | |
| PE | <input type="checkbox"/> Vital signs <input type="checkbox"/> Growth measures with %s <input type="checkbox"/> General description without stock phrases <input type="checkbox"/> All systems in appropriate detail with pertinent positive and negative findings | |
| LABS & IMAGING | <input type="checkbox"/> Includes all results and indicates normal and significant abnormal results <input type="checkbox"/> Interprets abnormal results | |
| PROBLEM LIST | <input type="checkbox"/> Lists all problems (signs, symptoms, known diagnoses) in order of priority | |
| DIFFERENTIAL DX | <input type="checkbox"/> Develops several reasonable differential diagnoses for the problem list with a brief discussion of each | |
| ASSESSMENT & PLAN | <input type="checkbox"/> Succinctly states an overall assessment based on the discussion of the differential diagnosis <input type="checkbox"/> Outlines a logical plan for admission <input type="checkbox"/> If available, include a brief hospital course and follow-up | |
| CLINICAL QUESTION | <input type="checkbox"/> Articulates a specific clinical question relating to diagnostic tests, therapy, or prognosis of most likely diagnosis (please review Clerkship Handbook, p. 22 for details about clinical questions) | |
| BEST AVAILABLE EVIDENCE | <input type="checkbox"/> Includes at least 3 appropriate references (relevant, current, not <i>UpToDate</i> or <i>eMedicine</i>) <input type="checkbox"/> Integrates information from references with patients' clinical condition to answer clinical question | |
| OVERALL | <input type="checkbox"/> Uses appropriate medical terminology? <input type="checkbox"/> Clear, concise sentences? <input type="checkbox"/> Grammar and punctuation? <input type="checkbox"/> Organized, easy to read and to follow clinical reasoning? | |

GRADE:

Appendix D

USUHS Third-Year Pediatric Clerkship

Oral Presentation Feedback and Grading Form

Student: _____

Date: _____

Evaluator: _____

The student should present an **outpatient** with a specific concern. The following items are provided as a checklist when grading the student's oral presentation. Components of the Subjective and Objective sections should include focused and relevant information, and the entire presentation should take less than 10 minutes. **Please give feedback to the student verbally and in the spaces provided below.** Keep original in student's folder.

| | | | |
|---|--|----------|--|
| CC | <input type="checkbox"/> Age of patient <input type="checkbox"/> Reason for Visit (in patient's own words) <input type="checkbox"/> Length problem/illness/concern | O | <input type="checkbox"/> Vital signs <input type="checkbox"/> Growth parameters <input type="checkbox"/> General statement of appearance <input type="checkbox"/> Directed physical exam with pertinent positives/negatives |
| S | <i>History of Present Illness</i> <input type="checkbox"/> Chronology of events <input type="checkbox"/> Pertinent positives/negatives <input type="checkbox"/> Review of systems <i>Past Medical History</i> <input type="checkbox"/> Significant illnesses/ hospitalizations <input type="checkbox"/> Chronic medical conditions <input type="checkbox"/> Surgical history <input type="checkbox"/> Medications <input type="checkbox"/> Allergies <input type="checkbox"/> Immunizations <input type="checkbox"/> Family History <input type="checkbox"/> Social History <i>If Relevant to chief complaint:</i> <input type="checkbox"/> Perinatal history <input type="checkbox"/> Developmental history <input type="checkbox"/> Educational performance <input type="checkbox"/> Travel history <input type="checkbox"/> Dietary history <input type="checkbox"/> Environmental/human/animal exposures <input type="checkbox"/> Injuries | | <input type="checkbox"/> Labs (if relevant) <input type="checkbox"/> Radiology studies (if relevant) |
| | | A | <input type="checkbox"/> Assessment/summary <input type="checkbox"/> Problem list (if relevant) <input type="checkbox"/> Differential diagnosis <input type="checkbox"/> Most likely/probable diagnosis |
| | | P | <input type="checkbox"/> Diagnostic evaluation <input type="checkbox"/> Therapeutic intervention <input type="checkbox"/> Patient education/instructions <input type="checkbox"/> Follow-up plan |
| | | Notes: | |
| Oral Presentation Delivery (Eye contact, clarity of speech, pace of presentation, use of appropriate medical terms, dependency on notes) | | | |
| Feedback and student response: | | | GRADE: _____ |

Appendix E
Instructions for Completing the
Inpatient History and Physical Exam Checklist

This form is a tool to be used to evaluate the student as they conduct a complete history and physical exam on a pediatric patient admitted to the ward. Ideally, this would be the admission H&P on the patient. This encounter must be observed and the form filled out by either the attending physician or the ward chief resident. If possible, the history and physical would be observed on the same patient. This is a solely formative exercise and no grade will be attached. It is, however, *mandatory* that all students have at least one checklist completed. Please place checkmarks in the boxes for each action the student correctly accomplishes. The blank space to the side of the table is designed for comments. Most importantly, please give the student specific feedback on how to improve their history and physical exam skills following the completion of the encounter.

Appendix E

USUHS Third-Year Pediatric Clerkship

Inpatient History and Physical Exam Checklist

Student: _____ Preceptor: _____ Date: _____

Comments:

| Place Checkmark in right column if done Leave blank or place an X if not done | |
|--|--|
| HISTORY | |
| Establishes Rapport | |
| Introduces self | |
| Shakes hands with parents/patient if applicable | |
| Sits down/approaches child with respect | |
| Listens empathically | |
| Appropriate body language | |
| Addresses child as appropriate | |
| Questions | |
| Starts with open-ended questions | |
| Develops more specific questions | |
| Allows patient to answer/does not interrupt | |
| Avoids leading questions | |
| Logically establishes HPI | |
| Pertinent PMH | |
| Appropriate Social Hx | |
| Family Hx | |
| Conducts necessary ROS | |
| PHYSICAL EXAM | |
| GENERAL | |
| Washes hands | |
| Assesses general appearance of child | |
| Evaluates/reviews vital signs | |
| HEENT | |
| Appropriate/directed evaluation of: | |
| Head | |
| Eyes (pupils, conjunctiva, sclera, fundi if appropriate) | |
| External ears/tympanic membranes | |
| Nose | |
| Mucous membranes/or pharynx | |
| NECK | |
| Lymph nodes | |
| Suppleness | |
| HEART | |
| Auscultates (four points, not through clothing) | |
| Checks peripheral pulses | |
| Assesses capillary refill | |
| LUNGS | |
| Assesses child's work of breathing | |
| Auscultates anterior and posterior lung fields | |
| ABDOMEN | |
| Listens for bowel sounds | |
| Palpates all quadrants (assesses for rebound and guarding) | |
| Assesses for hepatosplenomegaly | |
| SKIN | |
| Inspects for rashes, bruises, other dermatologic findings | |
| MUSCULOSKELETAL | |
| Focused and appropriate assessment of strength/tone/ROM | |
| NEUROLOGIC | |
| Mental status | |
| Appropriate evaluation of reflexes | |

Main feedback points for next time:

1. _____
2. _____

Appendix F
Instructions for Completing the
Newborn Physical Exam Checklist

This form is a tool to be used to evaluate the student as they conduct a complete physical exam on a newborn, presumably in the newborn nursery/post-partum ward. This encounter must be observed in its entirety, and the form filled out by either the attending physician or a senior resident.

This is a solely formative exercise and no grade will be attached. It is, however, *mandatory* that all students have at least one checklist completed during their six-week clerkship. Please place checkmarks in the boxes for each action the student correctly accomplishes. The blank space to the side of the table is designed for comments. Most importantly, please give the student specific feedback on how to improve their physical exam skills following the completion of the encounter.

Appendix F

USUHS Third-Year Pediatric Clerkship

Newborn Physical Exam Checklist

Student: _____ Preceptor: _____ Date: _____

Comments:

| Place Checkmark in right column if done Leave blank or place an X if not done | |
|---|--|
| GENERAL | |
| Washes Hands | |
| Explains to parent what they are doing | |
| Notes general appearance of infant | |
| HEENT | |
| Inspects scalp/fontanelles/sutures/facial symmetry | |
| Obtains red reflex with ophthalmoscope | |
| Inspects mouth/palate | |
| Inspects ears | |
| Auscultates for patency of nares | |
| NECK | |
| Inspects for range of motion | |
| Palpates for lymph nodes, masses | |
| Palpates clavicles | |
| CV | |
| Auscultates cardiac sounds in all positions (including axillae and back), assess HR | |
| Palpates femoral pulses bilaterally | |
| Assesses capillary refill | |
| LUNGS/CHEST | |
| Inspects breathing pattern, determine RR | |
| Inspects chest for symmetry | |
| Auscultates posterior and anterior lung fields | |
| ABDOMEN | |
| for bowel sounds | |
| Palpates in all 4 quadrants | |
| Palpates for liver edge | |
| Palpates for kidneys, spleen, bladder | |
| Inspects umbilical cord | |
| BACK | |
| Inspects and palpates spine | |
| Inspects for gluteal fold, sacral dimple | |
| NEUROLOGIC | |
| Assesses tone | |
| Elicits primitive reflexes including root, suck, grasp, Moro | |
| SKIN | |
| Inspects for congenital birth marks | |
| Inspects for newborn rashes or jaundice | |
| GU | |
| Inspects genitalia and anus | |
| MUSCULOSKELETAL | |
| Inspects extremities for deformities | |
| Assesses range of motion of extremities and joints | |
| Performs hip exam using Barlow and Ortolani maneuvers | |
| OVERALL | |
| Sensitive to infant's position and comfort | |
| Sequence reflects ability to optimize reliability of exam | |
| Correct technique? | |

Main feedback points for next time:

1. _____
2. _____
3. _____

Appendix G

Instructions for Completing a Health Supervision Structured Clinical Evaluation (SCE)

Preceptor Instructions

The Health Supervision Structured Clinical Evaluation (SCE) form has been developed for use by preceptors when observing medical students during a health supervision encounter in the outpatient clinic. Students are required to turn in at least one Health Supervision SCE form by the end of the rotation, and they will be included in the student's folder. While preceptors may complete more than one SCE for a particular student, by the end of the rotation each student is required to have at least one completed SCE.

Please take the form with you into the room while the student is completing a health supervision encounter with a child and parent. Ideally, we ask that you observe the student for the entire encounter. If that is not feasible, any observation time will suffice and complete the form accordingly. Use the descriptions under Communication and Relationship skills, Data Gathering/Interpretation and Anticipatory Guidance to help guide your observation and feedback. Although feedback on the physical exam skills is not included on the form, please include this information for your student during the feedback session and/or their blue card evaluation for the day.

At the end, please complete the feedback portion of the SCE, to include positive reinforcement and areas to correct. After the encounter, at any convenient time during the clinic day, please discuss your feedback with the student, based on your observation and notes. Please sign the student's clinical passport after you have completed the SCE. Give each completed SCE form back to the student to give to their site director.

Student Instructions

The Health Supervision Structured Clinical Evaluation (SCE) form provides a framework for feedback from your outpatient preceptor when you are completing a health supervision encounter. At the start of the health supervision visit, please explain to the parent and child that your preceptor may enter to observe you and that the preceptor will make notes about your interactions with them. For each encounter, your preceptor will observe the items listed on the form. After the encounter, your preceptor will discuss the form with you and offer you both reinforcing and corrective feedback, to help you improve your clinical skills.

Students are required to turn in at least one Health Supervision SCE form by the end of the rotation. You will be required to give the completed SCE form to your Site Director. While preceptors may complete more than one SCE, please ensure that by the end of the rotation, you have at least one complete SCE in your folder.

Note: The format of the SCE was adapted from the USU Dept. of Medicine Clerkship evaluation form.

Appendix G

HEALTH SUPERVISION: STRUCTURED CLINICAL EVALUATION (SCE)

June 2009

Student Name: _____ Date: _____

Note: The format of this tool was adapted from the USU

Dept. of Medicine Clerkship evaluation form.

Site: _____ Evaluator: _____

For each area of evaluation, please check the appropriate level of ability. Qualities should be cumulative as rating increases, e.g. an outstanding rating for history assumes organized, complete, questions that build a foundation for anticipatory guidance. Indicate the level at which the student consistently performed during your observation.

| COMMUNICATION AND RELATIONSHIP SKILLS | | | | |
|---|--|--|--|---|
| OUTSTANDING | BETTER THAN ACCEPTABLE | ACCEPTABLE | NEEDS IMPROVEMENT | UNACCEPTABLE |
| Opening/closing/skill with questions | | | | |
| | | | If Not Observed, Check Here o | |
| o Skillful questioning and appropriate, reflective summaries of information gathered. | o Starts with open-ended questions and progresses to specific questions. Avoids multiple questions or presumptive/leading questions. | o Identifies parent/child concerns. Uses some open-ended questions. | o Introduces self, uses parent and child names, addresses both parent, child | o Omits introductions and closing, rude and/or ignores either parent or child |
| Relationship skills | | | | |
| | | | If Not Observed, Check Here o | |
| o Relates well to subtleties of parent/child culture, concerns, or special circumstances. | o Acknowledges/legitimizes parent/child concerns, feelings. Offers partnership, empathy, support and/or praise. | o Open body language, sits down, respectful facial expressions and tone of voice. Builds rapport. Listens attentively. | o Inconsistent response to concerns, comments, or questions. | o Disrespectful and/or dismissive of parent or child |

POSITIVE FEEDBACK WITH SPECIFIC DESCRIPTION OF STUDENT'S BEHAVIOR:

CONSTRUCTIVE FEEDBACK WITH SPECIFIC SUGGESTION FOR IMPROVING PERFORMANCE:

| DATA GATHERING/INTERPRETATION | | | | |
|--|--|--|---|--|
| OUTSTANDING | BETTER THAN ACCEPTABLE | ACCEPTABLE | NEEDS IMPROVEMENT | UNACCEPTABLE |
| History | | | | |
| | | | If Not Observed, Check Here o | |
| o Reflects thorough understanding of patient situation, uses parent/child comments and concerns to build further questions | o Comprehensive, organized, questions imply interpretation and build a foundation for anticipatory guidance | o Complete history: birth history, social situation, military status, behavior, development, nutrition, safety | o Poor flow, covers some important topics but omits others, questions do not seek supporting detail | o Major omissions, disorganized. Omits parents'/child's concerns. |
| Immunizations | | | | |
| | | | If Not Observed, Check Here o | |
| o Can discuss risks and benefits of immunizations even with a parent with concerns about immunizations. | o Reviews the child's immunization status, relates it to current CDC guidelines and correctly identifies needed immunizations. | o Reviews the child's immunization status and mentions current CDC guidelines. | o Reviews the child's immunization status but does not relate it to current CDC guidelines. | o Reports inaccurate data about the child's immunization status and/or the current CDC guidelines. |
| Growth chart | | | | |
| | | | If Not Observed, Check Here o | |
| o Formulates explanations for parent/child, appropriately targeted to their questions, concerns and understanding. | o Correctly identifies normal and abnormal findings. Relates findings to clinical situation. Interpreter moving to manager/educator. | o Correctly identifies normal and abnormal findings. Accurate and complete reporter, moving to interpreter. | o Records data accurately and completely but makes some errors in identifying normal and abnormal findings. | o Makes significant errors in recording data or identifying normal and abnormal findings. Inaccurate reporter. |

POSITIVE FEEDBACK WITH SPECIFIC DESCRIPTION OF STUDENT'S BEHAVIOR:

CONSTRUCTIVE FEEDBACK WITH SPECIFIC SUGGESTION FOR IMPROVING PERFORMANCE:

| ANTICIPATORY GUIDANCE | | | | |
|--|---|---|--|--|
| OUTSTANDING | BETTER THAN ACCEPTABLE | ACCEPTABLE | NEEDS IMPROVEMENT | UNACCEPTABLE |
| Organization and prioritization | | | | |
| | | | If Not Observed, Check Here o | |
| o Time-efficient, offers prioritized guidance targeted to concerns and guidelines. | o Addresses all concerns and offers some additional information from guidelines. | o Addresses all concerns, integrates questions asked with information provided. | o Logical flow but omits key information or ignores parent/child concerns. | o Offers random information. Jumps around. Disorganized. |
| Education for parent and/or child | | | | |
| | | | If Not Observed, Check Here o | |
| o Checks understanding by patient/family. Assesses child/family willingness and ability to follow recommendations. | o Explains reasons for recommendations. Addresses guidance to both parent and child as appropriate. | o Solicits and answers questions. Avoids jargon. Provides accurate guidance appropriate to child's age. | o Uses jargon without explaining. Not at appropriate level for parent and/or child | o Gives inaccurate information. |

POSITIVE FEEDBACK WITH SPECIFIC DESCRIPTION OF STUDENT'S BEHAVIOR:

CONSTRUCTIVE FEEDBACK WITH SPECIFIC SUGGESTION FOR IMPROVING PERFORMANCE: